

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		1ST/2ND AMENDMENT		3RD/4TH AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20		4				
21		4				
22		4				
23		4				
24		4				
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44		4				
45		4				
46		4				
47		4				
48		4				
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

51						
52						
53		4				
54		4				
55		4				
56		4				
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	12					
TOTAL DEP.	86					
TOTAL CLAIMS	98					